

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002877

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 23

STATE FILE NUMBER

FILED FEB 13 1963

1. PLACE OF DEATH a. COUNTY <u>PIKE COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give OWNERSHIP only) <u>LOUISIANA</u>		c. CITY OR TOWN <u>EOlia - Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>D.O.P. PIKE CO. HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>GENERAL DEL. EOlia - Mo.</u>	

3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>MAR</u> Last <u>ALEXANDER</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>31</u> Year <u>1963</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-13-1869</u>	9. AGE (last birthday) <u>93</u>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>GREAT FALLS, KAN.</u>	
12. COUNTRY OF BIRTH <u>U.S.A.</u>		13. NAME OF FATHER <u>LEVI BENNETT</u>		14. NAME OF MOTHER <u>UNKNOWN</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>CHAS. E. MARTIN, EOlia, MO.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UREMIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>APPROX-4 Wks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>DEHYDRATION</u>			
DUE TO (c) <u>ANORECTIC Cachexia (GERIATRIC)</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>NO INJURY</u>
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20c. TIME OF INJURY Hour <u>6:30</u> a.m. p.m.	Month, Day, Year <u>JAN. 31 - 1963</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>EOlia - Missouri</u>	20f. CITY, TOWN, OR LOCATION <u>PIKE - MO.</u>	COUNTY <u>PIKE</u>	STATE <u>MO.</u>
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21. I attended the deceased from <u>JAN. 31 - 1963 @ 6:30 AM</u> to <u>6:30 PM</u> and last saw her alive on <u>JAN. 31 - 1963. 6:30 PM</u>	
Death occurred at <u>APPROX 6:30 P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Ralph W. Noyda</u>	(Degree or title) <u>D.O.</u>	22b. ADDRESS <u>519 - WEST MAIN - Bowling Green</u>	22c. DATE SIGNED <u>2/4/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>2-5-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. CLAIR MEMORIAL PK. ST. CLAIR CO., ILL.</u>	23d. LOCATION (City, town, or county) <u>MO. (State)</u>
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24. FUNERAL DIRECTOR <u>GEO. M. COLLIER, LOUISIANA</u>	25. DATE REC'D. BY LOCAL REG. <u>2-4-63</u>	26. REGISTRAR'S SIGNATURE <u>Bunene collins</u>
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MO. (Signed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS.300 Rev. 4/59	DATE AMENDED	
1 0822		
2 0820		
3		
4 1		
5 2		
6		
7 1		
8 2		
9 794X		
10		
11		
12 92-2		
13 2-0		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Kirks

Licensed Embalmer No. 4597

P. O. Address Banding Green

mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.